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# CORRESPONDENCE **ADDRESS INDICATION FORM**

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Request for Customer Number (PTO/SB/125) submitted herewith.									
in the following listed application(s) or patent(s):									
Patent Number			Patent			U.S. Filing			
(if approp	riate) A	Application Number	(if appropriate)			Date			
		09/964,849				September 28, 2001			
	]	- "		(	check one	)			
Typed or Printed Name		Leonard C. Mitchard			☐ Ap	oplicant or Patentee			
Signature						ssignee of record of the entire			
Date	Eepruary 11, 2004				3.1	interest. Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96)			
Address of signer:	1100 North Glebe Road, 8 <sup>th</sup> Floor Arlington, VA 22202				<b>⊠</b> At	torney or Agent of record			
:						29,009 (Reg. No.)			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*									

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS: SEND TO: Assistant Commissioner of Patents, Box CN, Washington, DC 20231.

forms are submitted.

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Atty Dkt. 608-312

C# M#

ELLIS et al

TC/A.U.

1625

Serial No. 09/964,849

Examiner: Oh, T.V.

Filed: September 28, 2001

Date: February 11, 2004

Title:

OXIDATION PROCESS FOR THE PRODUCTION OF ALKENES AND

CARBOXYLIC ACIDS

FEB 2 0 2004

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

#### RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

## **☒** Correspondence Address Indication Form Attached.

#### Fees are attached as calculated below:

Total effective claims after amendment $55$ minus highest number previously paid for $55$ (at least 20) = 0 x \$ 18.00	\$	0.00			
Independent claims after amendment $3$ minus highest number previously paid for $3$ (at least 3) = $0$ x \$ 86.00	\$	0.00			
If proper multiple dependent claims now added for first time, add \$290.00 (ignore improper)	\$	0.00			
Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s) (\$110.00/1 month; \$420.00/2 months; \$950.00/3 months)					
Terminal disclaimer enclosed, add \$ 110.00					
☐ First/second submission after Final Rejection pursuant to 37 CFR 1.129(a) (\$770.00) ☐ Please enter the previously unentered , filed ☐ Submission attached					
Subtotal	\$	420.00			
If "small entity," then enter half (1/2) of subtotal and subtract  Applicant claims "small entity" status.  Statement filed herewith	-\$	0.00			
Rule 56 Information Disclosure Statement Filing Fee (\$180.00)	\$	0.00			
Assignment Recording Fee (\$40.00)	\$	0.00			
Other:		0.00			
TOTAL FEE ENCLOSED	\$	420.00			

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

1100 North Glebe Road, 8th Floor Arlington, Virginia 22201-4714 Telephone: (703) 816-4000 Facsimile: (703) 816-4100

LCM:Ifm

NIXON & VANDERHYE P.C.

By Atty: Leonard C. Mitchard, Reg. No. 29,009

Signature: